

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

10642945

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

<b>TOTAL CLAIMS</b>		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	* <input type="checkbox"/>
INDEPENDENT CLAIMS	minus 3 =	* <input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 23	Minus	** 32 = <input type="checkbox"/>
Independent	* 2	Minus	*** 3	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

**SMALL ENTITY  
TYPE**

RATE	FEE
BASIC FEE	\$375
X\$ 9=	
X42=	
+140=	
TOTAL	

**OTHER THAN  
OR  
SMALL ENTITY**

RATE	FEE
BASIC FEE	\$750
X\$ 18=	
X84=	
+280=	
TOTAL	

**SMALL ENTITY**

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

**OTHER THAN  
OR  
SMALL ENTITY**

RATE	ADDI- TIONAL FEE
X\$ 18=	
X84=	
+280=	
TOTAL ADDT. FEE	

**AMENDMENT B**

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/> = <input type="checkbox"/>
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 18=	
X84=	
+280=	
TOTAL ADDT. FEE	

**AMENDMENT C**

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/> = <input type="checkbox"/>	
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 18=	
X84=	
+280=	
TOTAL ADDT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.